



THE  
ALABAMA  
STATE  
BOARD OF  
SOCIAL  
WORK  
EXAMINERS

PO BOX 301620  
MONTGOMERY, ALABAMA 36130-1620  
(334) 242-5860

**COMPLAINT FORM**

Your Mr.			
Name Ms.	(Last Name)	(First)	(Middle)
Your Address (Street)			
(City)	(County)	(State)	(Zip)
Your Home Telephone ( )		Telephone you can be reached during the day ( )	

Whom do you wish to complain about?

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

(City) (State) (Zip) (Telephone Number)

To whom did it happen? To you? ( ) To a member of your family ( )

Please identify \_\_\_\_\_

Did anyone witness what happened? Yes ( ) No ( )

Who? (Give name) \_\_\_\_\_

Could this witness confirm your story? Yes ( ) No ( )

Would witness be willing to testify? Yes ( ) No ( )

Would you be willing to testify if necessary? Yes ( ) No ( )

Do you have any bills, forms, or other written evidence that concern this complaint? Yes ( ) No ( )

If so, please send **copies** of the related papers along with this form, DO NOT send originals.

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All the above information I have given in this complaint is true, correct, and accurate.

Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Please continue to the next page to describe the details of this complaint.